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OFFICE OF GOVERNOR RONNIE MUSGROVE  
INTEROFFICE MEMORANDUM

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**TO:** GOVERNOR  
**FROM:** SMITH  
**SUBJECT:** MEDICAID STATE PLAN AMENDMENTS  
**DATE** 10/29/02  
**CC:** FILE

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The Division of Medicaid has requested your signature on the attached state plan amendment.

State Plan Amendment #2002-30 is being filed to allow Medicaid to develop and implement disease management programs.

**Please check approved, date and sign the attached amendment.**